MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/559,159	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		2				
4		⊕/1				
5		1/⊕				
6		⊕/1				
7		1/⊕				
8		⊕/1				
9		1/⊕				
10		⊕/1				
11		1/⊕				
12		⊕/1				
13		1/⊕				
14		⊕/1				
15		1/⊕				
16		⊕/1				
17		1/⊕				
18	1					
19		1/⊕				
20		⊕/1				
21		⊕/⊕				
22		⊕/⊕				
23		1/⊕				
24		⊕/1				
25		1/⊕				
26		⊕/1				
27		1/⊕				
28		⊕/1				
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50						
TOTAL IND.	2					
TOTAL DEP.	32					
TOTAL CLAIMS	34					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						